

TOM SCHEDLER  
SECRETARY OF STATE

STATE OF LOUISIANA  
SECRETARY OF STATE



Notary Division  
(225) 925-4704

Fax Numbers  
(225) 932-5359 Notary

**TRANSMITTAL INFORMATION  
For All Notary Filings**

\_\_\_\_\_  
Name of person filing document

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Email address

Mailing Address: P. O. Box 94125, Baton Rouge, LA \* 70804-9125  
Office Location: 8585 Archives Ave., Baton Rouge, LA \* 70809  
Web Site Address: [www.sos.la.gov](http://www.sos.la.gov)

# RETIREMENT STATUS AFFIDAVIT

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned personally came and appeared,

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(Name of Affiant)

who, after being sworn, did depose and said that he/she reached the age of  
seventy (70) years on \_\_\_\_\_, that he/she wishes to retire  
his/her notary commission, and certifies that he/she will no longer exercise the  
duties and functions of a notary.

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Signature of Affiant

Sworn to and subscribed, before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ .

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Signature of Notary Public

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Printed Name and ID# of Notary Public